

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.

Levan Thomas, Warden
Staton Correctional Facility
P. O. Box 56
Elmore, AL 36025

COMPLETE THIS SECTION ON DELIVERY

A. Signature <i>Angela Thornell</i>	<input type="checkbox"/> Agent
	<input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Angela Thornell</i>	C. Date of Delivery <i>7/27/06</i>
address different from item 1? or delivery address below: <i>Checkmark</i>	

3. Service Type	<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input checked="" type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<i>7/27/06</i>
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.	<i>7/27/06</i>
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes

2. Article Number

(Transfer from service label)

2004

Domestic Return Receipt

102595-02-M-1540